



WELL AND IRRIGATION SYSTEM PERMITTING FEE SCHEDULE

SERVICE	FEE	EXPLANATION OF SERVICE
Public well and pump permit under 64E-8 (limited use systems)	\$150	Permit for inspection(s) and approvals of systems
FSDWA well and pump permit	\$250	Permit PWS systems
Monitoring well	\$50	Permit for inspection(s) and approvals of monitoring wells
Commercial Irrigation System	\$100	Permit for inspection(s) and approvals of irrigation systems and components
Public Well Abandonment	\$80	Permit for inspection and approval of well abandonment's
Residential Well and Pump	\$75	Permit for inspection and approval of residential well and pump system
Residential Irrigation	\$100	Permit for inspection and approval of irrigation systems and components
Residential Well Abandonment	\$80	Permit for inspection and approval of residential well abandonment's
Irrigation Well and Pump	\$75	Permit for non-potable/irrigation well
Surficial (shallow) well abandonment	\$40	Permit for abandonment of surficial aquifer well
Application for Competency Card (non-refundable)	\$25	Application fee for Competency Card
Certificate of Competency, Irrigation Sprinkler Contractor	\$90	Certificate and tracking of continuing education requirements
Certificate of Competency, Inactive Status	\$40	Tracking of continuing education units for maintaining inactive status
Reinspection Fee	\$25	Reinspection due to violations or project not being ready at time of inspection
Variance Application Fee <i>Residential</i>	\$150	Variance application and processing
Variance Application Fee <i>Commercial</i>	\$200	Variance application and processing
Well Permit Revisions	\$25	Revision of location of well



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

- ☐ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☐ Suwannee River
☐ DEP
☐ Delegated Authority (If Applicable)

PLEASE FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Permit No.	
Florida Unique ID	
Permit Stipulations Required (See Attached)	
62-524 Quad No.	Delineation No.
CUP/WUP Application No.	
ABOVE THIS LINE FOR OFFICIAL USE ONLY	

1. *Owner, Legal Name if Corporation	*Address	*City	*State	*ZIP	*Telephone Number
2. *Well Location - Address, Road Name or Number, City					
3. *Parcel ID No. (PIN) or Alternate Key (Circle One)			Lot	Block	Unit
*Section or Land Grant	*Township	*Range	*County	Subdivision	Check if 62-524: Yes No
5. *Water Well Contractor		*License Number	*Telephone Number	E-mail Address	
6. *Water Well Contractor's Address		City	State	ZIP	
7. *Type of Work: Construction Repair Modification Abandonment					
8. *Number of Proposed Wells					*Reason for Repair, Modification, or Abandonment
9. *Specify Intended Use(s) of Well(s):					Date Stamp
Domestic Landscape Irrigation Agricultural Irrigation Site Investigation Bottled Water Supply Recreation Area Irrigation Livestock Monitoring Public Water Supply (Limited Use/DOH) Nursery Irrigation Test Public Water Supply (Community or Non-Community/DEP) Commercial/Industrial Earth-Coupled Geothermal Class I Injection Golf Course Irrigation HVAC Supply HVAC Return					Official Use Only
Class V Injection: Recharge Commercial/Industrial Disposal Aquifer Storage and Recovery Drainage Remediation: Recovery Air Sparge Other (Describe)					
Other (Describe) (Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if ≤ 200 ft.		11. Facility Description		12. Estimated Start Date	
13. *Estimated Well Depth ft.		*Estimated Casing Depth ft.		*Primary Casing Diameter in. Open Hole: From To ft.	
14. Estimated Screen Interval: From To ft.					
15. *Primary Casing Material: Black Steel Galvanized PVC Stainless Steel Not Cased Other:					
16. Secondary Casing: Telescope Casing Liner Surface Casing Diameter in.					
17. Secondary Casing Material: Black Steel Galvanized PVC Stainless Steel Other					
18. *Method of Construction, Repair, or Abandonment: Auger Cable Tool Jetted Rotary Sonic Combination (Two or More Methods) Hand Driven (Well Point, Sand Point) Hydraulic Point (Direct Push) Horizontal Drilling Plugged by Approved Method Other (Describe)					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:					
From To	Seal Material (Bentonite Neat Cement Other)				
From To	Seal Material (Bentonite Neat Cement Other)				
From To	Seal Material (Bentonite Neat Cement Other)				
From To	Seal Material (Bentonite Neat Cement Other)				
20. Indicate total number of existing wells on site List number of existing unused wells on site					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? Yes No If yes, complete the following: CUP/WUP No. District Well ID No.					
22. Latitude Longitude					
23. Data Obtained From: GPS Map Survey Datum: NAD 27 NAD 83 WGS 84					
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
*Signature of Contractor		*License No.	*Signature of Owner or Agent		*Date

BELOW THIS LINE FOR OFFICIAL USE ONLY

Approval Granted By	Issue Date	Expiration Date	Hydrologist Approval
Fee Received \$	Receipt No.	Check No.	Initials

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
 PHONE: (352) 796-7211 or (800) 423-1476
 WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
 4049 REID STREET, PALATKA, FL 32178-1429
 PHONE: (386) 329-4500
 WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712
 (U.S. Highway 90, 10 miles west of Tallahassee)
 PHONE: (850) 539-5999
 WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT
 P.O. BOX 24680
 3301 GUN CLUB ROAD
 WEST PALM BEACH, FL 33416-4680
 PHONE: (561) 686-8800
 WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
 9225 CR 49
 LIVE OAK, FL 32060
 PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
 WWW.MYSUWANNEERIVER.COM

Comments:

***General Site Map of Proposed Well Location**



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.



STATE OF FLORIDA WELL COMPLETION REPORT

Date Stamp

- ☐ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☐ Suwannee River
☐ DEP
☐ Delegated Authority (If Applicable) _____
- PLEASE, FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)

Official Use Only

1. *Permit Number _____ *CUP/WUP Number _____ *DID Number _____ 62-524 Delineation No. _____

2. *Number of permitted wells constructed, repaired, or abandoned _____ *Number of permitted wells not constructed, repaired, or abandoned _____

3. *Owner's Name _____ 4. *Completion Date _____ 5. Florida Unique ID _____

6. _____

*Well Location - Address, Road Name or Number, City, ZIP

7. *County _____ *Section _____ Land Grant _____ *Township _____ *Range _____

8. Latitude _____ Longitude _____

9. Data Obtained From: _____ GPS _____ Map _____ Survey _____ Datum: _____ NAD 27 _____ NAD 83 _____ WGS 84

10. *Type of Work: _____ Construction _____ Repair _____ Modification _____ Abandonment

11. *Specify Intended Use(s) of Well(s):

_____ Domestic _____ Landscape Irrigation _____ Agricultural Irrigation _____ Site Investigation
_____ Bottled Water Supply _____ Recreation Area Irrigation _____ Livestock _____ Monitoring
_____ Public Water Supply (Limited Use/DOH) _____ Nursery Irrigation _____ Test
_____ Public Water Supply (Community or Non-Community/DEP) _____ Commercial/Industrial _____ Earth-Coupled Geothermal
_____ Class I Injection _____ Golf Course Irrigation _____ HVAC Supply
_____ HVAC Return

Class V Injection: _____ Recharge _____ Commercial/Industrial Disposal _____ Aquifer Storage and Recovery _____ Drainage

Remediation: _____ Recovery _____ Air Sparge _____ Other (Describe) _____

_____ Other (Describe) _____

12. *Drill Method: _____ Auger _____ Cable Tool _____ Rotary _____ Combination (Two or More Methods) _____ Jetted _____ Sonic
_____ Horizontal Drilling _____ Hydraulic Point (Direct Push) _____ Other _____

13. *Measured Static Water Level _____ ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM

14. *Measuring Point (Describe) _____ Which is _____ ft. Above _____ Below Land Surface *Flowing: _____ Yes _____ No

15. *Casing Material: _____ Black Steel _____ Galvanized _____ PVC _____ Stainless Steel _____ Not Cased _____ Other _____

16. *Total Well Depth _____ ft. Cased Depth _____ ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____

17. *Abandonment: _____ Other (Explain) _____

From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

18. *Surface Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

19. *Primary Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

20. *Liner Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

21. *Telescope Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

22. Pump Type (If Known):

_____ Centrifugal _____ Jet _____ Submersible _____ Turbine

Horsepower _____ Pump Capacity (GPM) _____

Pump Depth _____ ft. Intake Depth _____ ft.

24. Water Well Contractor:

*Contractor Name _____ *License Number _____ E-mail Address _____

*Contractor's Signature _____ *Driller's Name (Print or Type) _____

(I certify that the information provided in this report is accurate and true.)

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

***DRILL CUTTINGS LOG** (Examine cuttings every 20 ft. or at formation changes. Note cavities and depth to producing zone. Grain Size: F=Fine, M=Medium, and C=Coarse)

[illegible]

Comments: _____

***Detailed Site Map of Well Location**



WELL PERMITTING AND INSTALLATION INFORMATION

The St. Johns River Water Management District has delegated authority to the Volusia County Health Department to implement and administer the program for regulation of water well construction standards for all wells in Volusia County unless these wells are within Chapter 62- 524, FAC, delineated areas or wells having a casing diameter 6" or greater.

All domestic (private), irrigation, monitoring, FSDWA/public supply, and Limited Use Public wells require a permit issued by the VCHD prior to installation or abandonment.

Applications are available at the VCHD and must be completely filled out when applying for a permit. If an item does not apply, mark N/A (Not Applicable). Well contractor and property owner, and /or agent's signature must be on the well application. Agent authorization is required if the owner uses an agent to apply for a permit.

Installation of wells without an approved permit is a violation of the Florida Administrative Codes (FAC) and subject to fines up to \$250.00 per violation.

Well installations associated with new construction permits will be inspected as part of the septic system (OSTDS) inspection.

Well permits must be on site during construction at all times.

On-site inspections are required for all public supply well installations and well abandonments to witness grouting. 48 hour prior notification is required. If the approximate grouting time called in will not be met, a re-inspection fee will be charged if you fail to notify this office at least 45 minutes prior to the initial grouting time called in.

A site plan must accompany the well permit application. The setbacks are as follows:

Minimum of 25 ft. (twenty-five feet) from building foundation where chemically treated for pests.

Domestic wells: minimum of 75 ft. (seventy-five feet) from septic systems.

Irrigation wells: minimum of 50 ft. (fifty feet) from septic systems.

Public supply wells minimum setbacks from septic systems:

100 ft. (one hundred feet) from septic systems where sewage flow rate is less than 2000 GPD.

200 ft. (two hundred feet) from septic systems where sewage flow rate is greater than 2000 GPD.

Minimum of 100 ft. (one hundred feet) from sewer lines.

All septic systems or regional sewer lines (within 100 ft. {one hundred feet}) must be shown on the site plan including adjacent properties.

Rotary wells are to be grouted from bottom to top. Portland cement +5% bentonite, Neat cement +5% bentonite up to Type II.

Cable tool wells are to be grouted bottom 5 ft (five feet), top 20 ft (twenty feet).

Upon installation of a new well, prior existing wells being replaced must be immediately abandoned. Exception: Unless placing the prior existing well into alternate service within 90 days, i.e., for irrigation. Existing wells can be used as monitoring wells, only when requested by SJRWMD.

Limited Use and Public Supply wells shall be equipped with a minimum six-foot square concrete apron four inches thick centered on the well casing.

Well casings shall extend at least 12" (twelve inches) above the slab or ground surface.

The original well completion report must be submitted to the Volusia County Health Department within 30 days of the completion of the work as per rule 40C-3. Florida Administrative Code, FAC.

NOTE: A certificate of occupancy will NOT be issued until the well completion report has been received by this department.



Credit Card Authorization Form

(Contractors Only)

Date: _____

TO: Environmental Health/Volusia County Health Department

FROM: _____
(Company Name)

(Contractor License Number)

(Company Street Address)

(City, State, Zip Code)

(Company Phone Number) / _____
(Company Fax Number)

Credit Card Number: _____

Expiration Date: _____

Type of Card: Visa MasterCard American Express Discover (circle one)

I, the undersigned, provide this written notice as authorization to use the above listed credit card number exclusively for any fees associated with the permitting of: Septic Systems, Well Construction, Repairs, Abandonments, Irrigation System installation, modifications, and repairs, Re-inspections or Variances.

(Print Name of Contractor)

(Signature of Contractor)

Volusia County Health Department

Please bring the credit card you plan to use with you to the office along with a photo ID.

If you have any questions, please call one of our offices:

Deland

Ph:386-822-6250

Fx:386-822-6251

Daytona

Ph:386-274-0694

Fx:386-274-0698

New Smyrna

Ph:386-424-2061

Fx:386-424-2019

Volusia County Health Department Environmental Health Sites - September 2008

DeLand Field Office
121 West Rich Avenue
DeLand, FL 32720
Phone: (386) 822-6250
Fax: (386) 822-6251

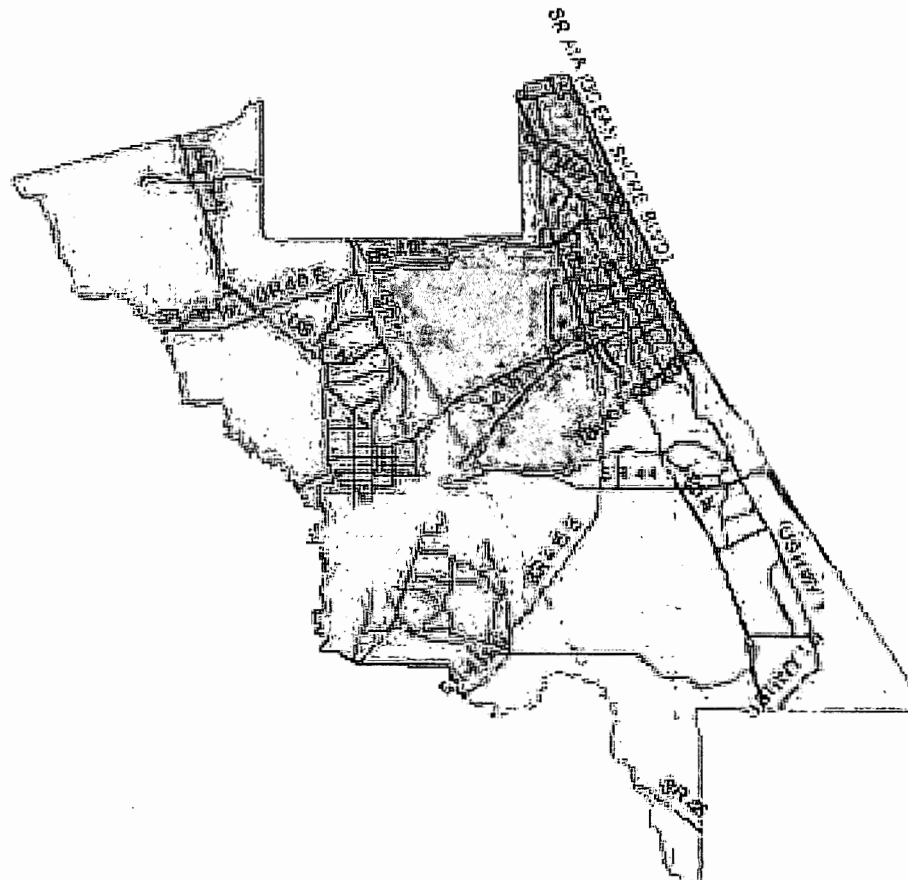
Cities served:
Seville
Pierson
Barberville
DeLeon Springs
DeLand
Lake Helen
Cassadaga
Orange City
DeBary
Deltona
Enterprise
Osteen _ West of SR 415

New Smyrna Beach Field Office
717 West Canal Street
New Smyrna Beach, FL 32168
Phone: (386) 424-2061
Fax: (386) 424-2019

Cities served:
Edgewater
Lake Harney
New Smyrna Beach
Port Orange - South of Dunlawton
& Taylor Road
Oak Hill
Osteen - East of SR 415

Daytona Beach Field Office
1845 Holsonback Drive
Daytona Beach, FL 32117
Phone: (386) 274-0694
Fax: (386) 274-0698

Cities served:
Daytona Beach
Daytona Beach Shores
Holly Hill
Ormond Beach
Ormond By The Sea
Ponce Inlet
South Daytona
Port Orange - North of Dunlawton
& Taylor Road



Legend - EH Field Office

- DeLand
- New Smyrna Beach
- Daytona Beach



**NOTE THAT VOLUSIA COUNTY WATERING TIMES ARE
DIFFERENT THAN THE SAINT JOHNS WATER
MANAGEMENT DISTRICTS.**

Current watering restrictions

- The restrictions allow yard watering and private car washing for homes with even addresses from 4 - 8 a.m. (automatic and manual systems) or 5 - 9 p.m. (manual only) Thursdays and Sundays. A manual system doesn't have a control device such as a sprinkler attached to a hose; it is not an automatic system that the owner chooses to operate manually.
- Homes with odd addresses may water at the same times on Wednesdays and Saturdays.
- Private automobile washing may be done only during the above hours and days.
- No watering or car washing is permitted on Mondays, Tuesdays and Fridays.
- The above applies to private wells, city water and lakes. Volusia County reclaimed water customers also have restrictions on their use.
- Watering of new plantings (sod, seed, landscape plants, etc.) is permitted from 2 - 8 a.m. on Monday, Wednesday and Friday for automatic systems. Manual systems may irrigate from 2 - 8 a.m. and 5 - 9 p.m. This new planting irrigation schedule applies only during the first 30 days of planting.
- Hand watering is permitted anytime, but avoidance of hours of high evaporation is encouraged.

For a recording with more information, residents can call: 736-5998 in West Volusia
423-3359 in New Smyrna Beach
239-7890 in Daytona Beach

To report watering violations call:
(386) 943-7059, ext. 5925, in West Volusia
(386) 248-8115, ext. 5925, in Daytona Beach
(386) 424-6815, ext. 5925, in New Smyrna Beach

OR:

Contact the Volusia County Health Department at:

**Daytona 386-274-0694
New Smyrna 386-424-2061
Deland 386-822-6250**